

HIPAA NOTICE OF PRIVACY PRACTICES

Revised Effective date: March 15, 2023

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Baylor Genetics has specific duties regarding your medical information. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You may ask us how to exercise your rights.

Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of the health information we have about you.
- We will provide a copy or a summary of your health information, usually within 15 days of your request if it is in electronic format. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, at your home or office phone) or to send mail to a different address than what we have on file.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share.

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service out-of-pocket in full, you can ask us not to share that information for payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared your health information.

- You can ask for a list (accounting) of the times we have shared your health information for six (6) years prior to the date you ask, to include information on who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment and our operations, as well as certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but may charge a reasonable, cost-based fee if you ask for another one within 12 months from your previous request.

Get a copy of this privacy notice.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has the authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting the Baylor Genetics Compliance Officer, 2450 Holcombe Blvd, Ste. 0104, Houston, TX 77021, or at compliance@baylorgenetics.com
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

We may contact you for fundraising efforts, but you can tell us not to contact you again.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment: We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you may ask us for testing information we have about you.

For Payment: We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

For Health Care Operations: We can use your health information to run our operations, improve your care, and contact you when necessary. Example: We use health information about you to assess the quality of our services and to evaluate the performance of our staff.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues. We can share health information about you for certain situations, such as:

- Preventing Disease
- Reporting suspected abuse, neglect, or domestic violence
- Helping with product recalls
- Reporting adverse reactions to medications
- Preventing or reducing a serious threat to anyone's health or safety

Do research. We can use or share your information for health research

Compliance with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests. We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address worker's compensation, law enforcement, and other government requests. We can use or share health information about you:

- For worker's compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

WE RESERVE THE RIGHT TO CHANGE THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website at www.baylorgenetics.com.

